UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/551,060	06/05/2006	Pieter Lodewikus Swart	050588/299058	6372	
826 ALSTON & BI	7590 04/02/200 RD LLP	8	EXAMINER		
BANK OF AMERICA PLAZA 101 SOUTH TRYON STREET, SUITE 4000			BUI PHO, PASCAL M		
	NC 28280-4000	E 4000	ART UNIT	PAPER NUMBER	
			2878		
			MAIL DATE	DELIVERY MODE	
			04/02/2008	PAPER	

## Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Summary	10/551,060	551,060 SWART ET AL.				
interview Summary	Examiner	Art Unit				
	Pascal M. Bui-Pho	2878				
All participants (applicant, applicant's representative, PTO	personnel):					
(1) <u>Pascal M. Bui-Pho</u> .	(3)					
(2) <u>Sheila Rogers</u> .	(4)					
Date of Interview: 26 March 2008.						
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2)∏ applicant's representative	e]				
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.					
Claim(s) discussed: <u>None</u> .						
Identification of prior art discussed: None.						
Agreement with respect to the claims f) was reached. g	)∏ was not reached. h)⊠ N	J/A.				
Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: <u>Abandonment of the present application has been confirmed by Ms. Rogers</u> .						
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w					
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP DAYS FROM T WHICHEVER IS	LICANT IS 'HIS			
•						
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red				

Application No.

Applicant(s)